# STATE OF NEW HAMPSHIRE

# 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 8 2019

PLEASE PRINT

| 1. Name of Lobbyist(s) Matthew S. Houde  | NEW HAMPSHIRE<br>DEPARTMENT OF STATE |
|--|--------------------------------------|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |                                      |
| Darton Ho- Hitch cock  |                                      |
| (Name of partnership, firm or corporation)   |                                      |
| One Medical Center Drive, Lebann, NH 03756 Business Address: (Street) (Town/City) (State)  | (Zip Code)                           |
| (M3) 653-1910 (M3) 653-1906 e-mail Moulthow S  |                                      |
| III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).                                     | e a separate report for              |
| All reportable transactions occurring in the months prior to the reporting date relative to the fol  | lowing client player                 |
| Dartmouth - Hitchcock (Full Name of Client as it appears on the Lobbyist Registration Form)  |                                      |
| OR   |                                      |
| All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firrunrelated to any particular client.   | n listed below which are             |
| IV. Date of Report April 24, 2019 July 31, 2019 Description to 3/31/19 Sectivity from 4/1/19 to 6/30/19  |                                      |
| October 30, 2019   |                                      |
| V. There have been no fees received and no reportable transactions made since the least of this box is checked, complete just this form and submit it to the Secretary of State's Office, State Concord, NH 03301. | ast report.   House, Room 204,       |
| VI. Check if additional reports are attached:  |                                      |
| If you have received fees or made expenditures, you must file Addendum A- Fees and Expen   |                                      |
| If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report Expense Reimbursement  | of Honorariums or                    |
| Ill f you, your firm, or your family has made political contributions, you must file Addendum C  | - Political Contributions            |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregand complete to the best of my knowledge and belief.  4 15 19                  | going information is true            |
| (Signature of lobbyist) (Date)  Matthew S. Houde   |                                      |
| (Print Name of lobbyist)   |                                      |

# P L E A S E P R I N T

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| 1. Name of Lobbyist(s) Mathew S. Houde  |  |
|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:  |  |
| Dartmouth Hitchcock (Name of partnership, firm or corporation)  |  |
| III. Name of Client Ort Marth - Hitchcock   | Date4/15/19  |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gross reduced by any expenses:   | relations, or public relations services  |
| a) Total of all fees received in this reporting period  | a) \$ 15,000.00  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)  | b) \$  |
| c) Total of all fees received to date (Add lines a and b)   | c)s_15,600_00  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid  | d) \$  |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reportees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business s than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.   | a) \$  |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$  |
| c) Total of all itemized expenditures reported in detail in section VI.   | c) \$  |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$                              |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)     | e) \$                              |
| f) Total of all expenses year to date  | ns                                 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to:   | Amount                             |
|  | s Na                               |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                             | m that the foregoing information   |
|  | 4/15/19                            |
| (Signature of lobbyist)  | ' (Date)                           |
| Matthew S. Havle (Print Name of lobbyist)  |                                    |

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| I. Name of Lobbyist(s)   | atthew S  | toude  |  |
|--|---|--|--|
| II. Name of lobbyist's par   | tnership, firm or cor                             | poration, if any:                                      |  |
| Dartmouth - +  | titchcock   |  |  |
| (Name of parti   | though firm or corporation)                       | chcock   | Date 4/15/19   |
| Political Contributions For each political contribut client/lobbyist and lobbyin |   |  | nter 664 paid on behalf of the   |
| Full name of candidate:  | SOUCY<br>(Last Name)                              | Donno<br>(First Name)                                  | (Middle Name/Initial)  |
| Amount of contribution \$  | <i>SO.</i> 00                                     | Office Candidate is                                    | s Seeking NH Serate  |
|  | ribution on the line abo                          |  | ds or services provided, and enter the ution. If the actual cost is not known, |
| Full name of candidate:  | Feltes (Lasi Name)                                | Dan<br>(First Name)                                    | (Middle Name/Initial)  |
| Amount of contribution \$  | 250   | Office Candidate is                                    | Seeking NH Senate  |
| If the contribution is an in-kir   | nd contribution, provide ribution on the line abo | a description of the good<br>ve for amount of contribu | ds or services provided, and enter the ution. If the actual cost is not known, |
|  |   |  |  |
| Full name of candidate:  | NH Sen<br>(Last Name)                             | ate Domoc  | (Middle Name/Initial)  |
|  |   | [I-Irel Alamai   | (Middle Name/Initial)  |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|---|
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)   |
| Sworn Statement/Affirmation by Lobbyist   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |
| (Signature of lobbyist)  (Signature of lobbyist)  (Print Name of lobbyist)  |

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